

03/15/2004 15:10

8317263475

CCPA

RECEIVED
CENTRAL FAX CENTER PAGE 02

MAR 15 2004

OFFICIAL

6
Response
3/18/04
mg

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

Art Unit 2665
Examiner Stevens, Roberta A

In Re: David Skirmont et al.
Case: P4505
Serial No.: 09/663,869
Filed: 09/15/2000
Subject: Router-Level Automatic Protection Switching

To the Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Response A

Method of Transmission: By Facsimile

CASE DOCKET NO. P4505

In reference to application of David Skirmont et al.

Serial No. 09/663,869

For Router-Level Automatic Protection Switching

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	20	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	3	Minus	*** 4	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

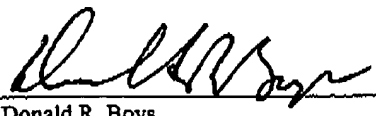
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,


 Donald R. Boys
 Reg. No. 35074

 Donald R. Boys
 Central Coast Patent Agency, Inc.
 P.O. Box 187
 Aromas, CA 95004
 (831) 726-1457

MAR 15 2004

OFFICIAL

PTO/68/07 (12-97)

Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: David Skirmont et al.
Case: P4505 Application No.: 09/663.869 Filing date: 09/15/2000
Art Unit: 2665 Examiner: Roberta A. Stevens
Subject: Router-Level Automatic Protection Switching

Certificate of Transmission under 37 CFR 1.8

Attention: Roberta A. Stevens, Examiner

Fax No.: (703) 872-9306

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on 03/15/2004

Date



Signature

Lynda Schwalenberg

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

Total Sheets Transmitted - 10

1. Response A - 7 sheets
2. Response Transmittal Form - 1 sheet
3. Duplicate Response Transmittal Form - 1 sheet
4. Certificate of Transmission - 1 sheet

Please call me at (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.